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Huge Liposarcoma of Face and Scalp- An Uncommon Presentation

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Abstract- Liposarcomas , situated in the head and neck region are uncommon.We report a case of a huge liposarcoma of the face and scalp which presented with severe compressive effects.

Keywords- Liposarcoma, Well differentiated liposarcoma.

CASE REPORT

A 54 year old male patient presented in our surgery OPD with a huge right sided bilobed facial swelling. He had first noticed a pea sized painless swelling above his right ear five months back. After a few months, another swelling appeared over the cheek and lower jaw. Both the swellings steadily increased in size and the patient was forced to attend our OPD with severe pain and discomfort. We found that his face was severely distorted and the swelling was compressing surrounding structures (Fig-1).

Figure-1

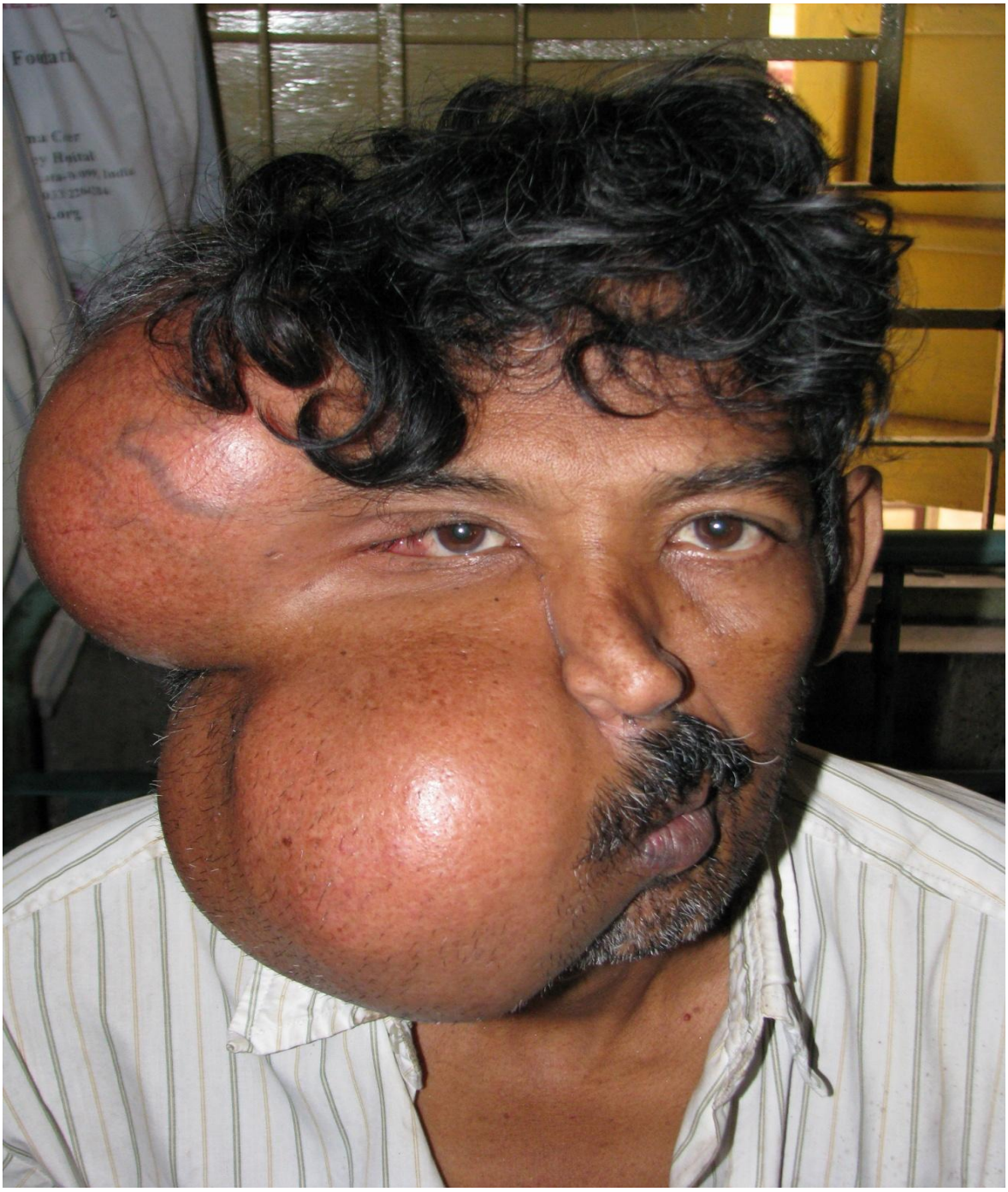

Fig 1. Preoperative photograph of huge facial swelling

The right eye was half closed hampering vision. The upper and lower alveolar arches were bent with loosening of teeth. There were several intraoral pressure ulcerations which bled frequently. The patient could hardly open his mouth and could swallow liquids only.

MRI showed a large heterogenous density (predominantly fat density) bilobed mass-15.5 cm×13.3cm× 20.9cm in the right side of face in the subcutaneous plane (Fig-2).

Figure-2

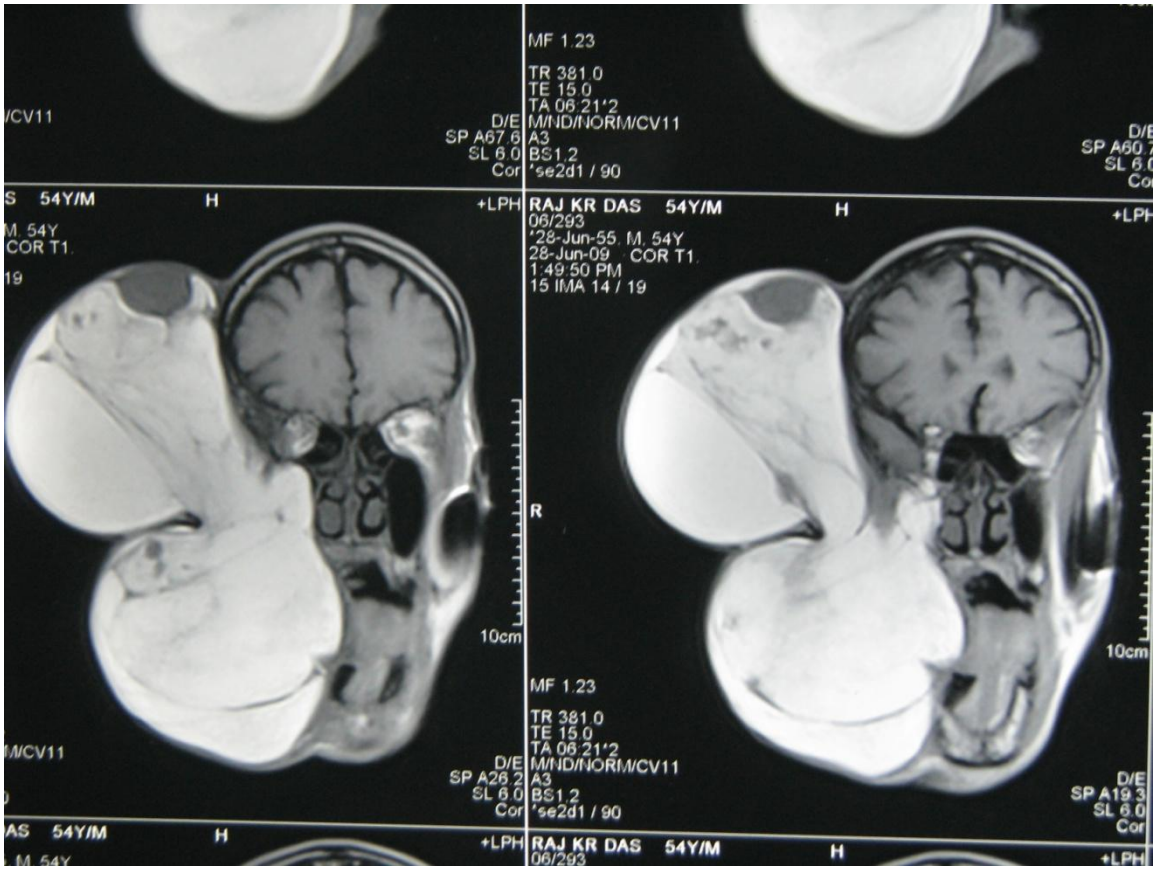

Fig 2. MRI showing large heterogeneous bilobed mass on right side of face

Craniocaudally extending from the level of vertex of skull till submandibular region,the large exophytic mass was found extending into right buccal and masticator spaces. There was erosion of right zygoma and the right maxilla was mildly depressed with smooth indentation.The right upper and lower alveolar margins were displaced medially compromising the oral cavity. There was also extension into the intratemporal fossa, maxillary antrum and orbital floor on the right side. The diagnosis suggested was liposarcoma. Other relevant investigation did not reveal any metastatic foci.

The patient was put up for surgery under general anaesthesia. The two lobes of the swelling were capsulated, joined by a bridge of tissue.Dissection was carried along the pericapsular planes and the whole swelling was removed by wide local excision. Histopathology report confirmed it to be

a specimen of well differentiated liposarcoma with tumour free margins(Fig-3).

Figure 3

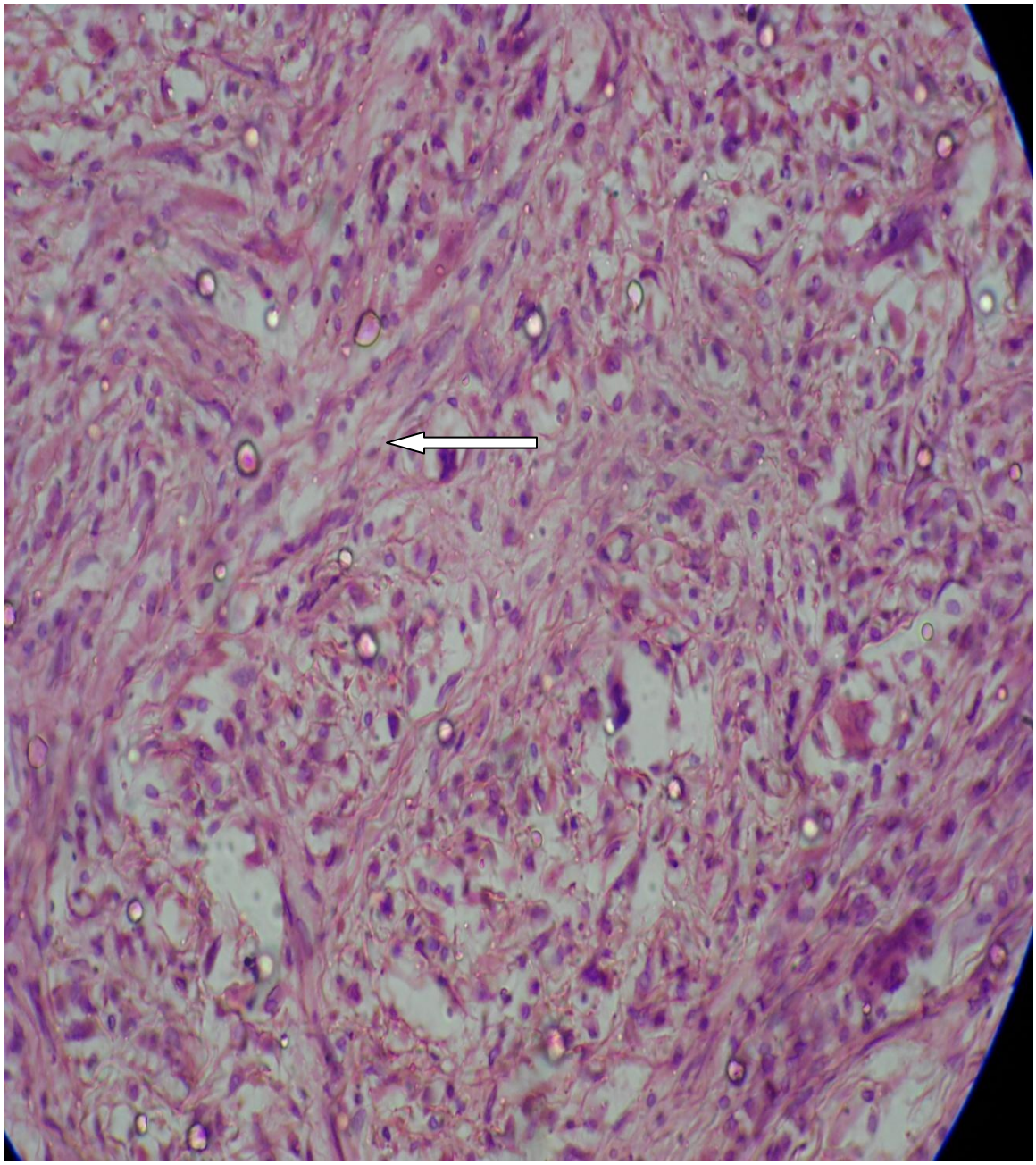

Figure 3 : Photomicrograph showing liposarcoma (H/E X 400), arrow showing a lipoblast.

The postoperative recovery was uneventful. The patient has been kept on regular surveillance. Three years after surgery, the patient's facial contour has normalized and he is leading a healthy life.

DISCUSSION-

Liposarcoma refers to a spectrum of neoplastic processes ranging from essentially benign lesions to those that are malignant with recurrence and metastasis.Liposarcoma originates from multipotential primitive mesenchymal cells that undergo adipose differentiation.Development from a preexisting benign lipoma is rare.Prognosis is de pendent on the histopathological type,location and adequacy of surgery[1, 2].

Liposarcoma, the second most common soft tissue sarcoma constitutes 9.8%-18% of all soft tissue sarcomas.Only 3%-5% of liposarcomas are found to be in the head and neck region.[2,3].

Well differentiated is the most common (40%-50%) category of all liposarcomas. Well liposarcoma occurs mostly in the extremities and retroperitoneum, and rarely in the head & neck region. There may be a local recurrence in upto 30% of cases, however the tumour which is surgically amenable behaves as a benign neoplasm and is not known to metastasize. Most important prognostic factor is its anatomical location. Deep seated lesions in the retroperitoneum or mediastinum have a less favourable prognosis compared to lesions in superficial location [1, 2-4].

The mean age of onset of liposarcoma is 50 years. It is usually slow growing, well circumscribed mass which remains symptomless until the tumour is large enough and impinges on neighbouring structures causing tenderness,pain or functional disturbances. Factors that suggest malignancy are masses greater than 5cm in size, deep seated and fixed to underlying structures[1-3, 6].

MRI findings often suggest the diagnosis even before biopsy is performed.This largely depends on how closely the tumour resembles normal fat i.e. how well differentiated it is.[3, 5].

Surgery is considered the first line of treatment.Wide resection of the tumour is considered adequate surgical clearance in well differentiated liposarcomas if margins of the resected specimen are found to be tumour free. Local recurrence largely depends on margin status of resected specimen with positive margins conferring a higher recurrence rate [3, 5,6,8].

Most of the available literature suggests that there is no definite benefit in outcome with the use of postoperative radiotherapy in case of complete removal of well differentiated liposarcomas.Some authors caution against its use because radiation induced sarcomas have been known to occur in previously irradiated tissues that were documented to be normal prior to radiation.Role of chemo therapy also remains controversial. [1, 3-8].

After completion of treatment, lifelong surveillance is required to promptly detect local recurrence and distant metastasis. If disease is detected, treatment is rendered accordingly. [3, 6-8].

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